

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10553925

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		4		4		
6		0		4		
7		0		4		
8		0	1			
9	1					
10		1				
11						
12		4		4		
13		0		4		
14		0		4		
15		0		4		
16		0		4		
17						
18				2		
19				2		
20				2		
21				2		
22				2		
23				2		
24				4		
25				4		
26				4		
27				4		
28						
29						
30						
31						
32				2		
33				2		
34				2		
35				2		
36				2		
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.		←	85	←		←
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						